

Ask DDS Day



August 3, 2009



Welcome

Mr. Mike Mitchell



Agenda



Ask DDS Day Agenda

•	Welcome	9:00 a.m. – 9:10 a.m.	Michael Mitchell
•	Commissioner's Comments	9:10 a.m. – 9:15 a.m.	Commissioner Greg Dozier
•	Regulatory Compliance Staff	9:15 a.m 9:30 a.m.	Mike Mitchell
•	Update on Revised DUI Rules	9:30 a.m. – 10:30 a.m.	Michael Mitchell
•	BREAK	10:30 a.m. – 10:45 a.m.	
•	New and Improved Certification Cards	10:45 a.m. – 10:55 a.m.	Kecia Bivins
•	New and Improved RCD Applications	10:55 a.m. – 11:05 a.m.	Kecia Bivins
•	Ignition Interlock Violation Reports	11:05 a.m. – 11:10 a.m.	Kecia Bivins
•	DDS Training and Continuing Ed	11:10 a.m 11:15 a.m.	Kecia Bivins
•	DDS Happenings	11:15 a.m. – 11:30 a.m.	Michael Mitchell
•	LUNCH	11:30 a.m. – 12:45 p.m.	
•	Risk-based Audits	12:45 p.m. – 1:30 p.m.	Jodie McLeod
•	Legislative Update	1:30 p.m. – 2:00 p.m.	Jennifer Ammons
•	SAFFEDL	2:00 p.m. – 2:15 p.m.	Ray Higgins
•	Q&A	2:15 p.m. – 3:00 p.m.	

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- Please remember to sign in.
- Please silence mobile devices.
- Please refrain from sidebar conversations.
- Please limit questions to one at a time.
- Please let the speaker finish answering the question before introducing a new one.
- Please respect your peers and speakers.



Commissioner's Comments

Commissioner Greg Dozier



Regulatory Compliance Division

Mr. Mike Mitchell



Regulatory Compliance Division Mission Statement

The Regulatory Compliance Division of the Department of Driver Services will positively impact the public's safety by facilitating the education of Georgia Drivers. The Division will provide regulatory and support services for all state-certified driver safety programs in a professional, customer-focused, and timely manner.





- Mike Mitchell, Interim Director
- Kecia Bivins, Compliance Analyst II
- Jodie L. McLeod, Compliance Analyst II





Administrative Assistant

Mistie Odum modum@dds.ga.gov 678-413-8745

Program Assistants

Elizabeth Nelson enelson@dds.ga.gov 678-413-8536 Teresa Galbreath tgalbreath@dds.ga.gov 678-413-8474

Regulatory Compliance Division Program Administration Staff



Operations Analysts

Nancy Glaze nglaze@dds.ga.gov 678-413-8732

Lynne Swaney Iswaney@dds.ga.gov 678-413-8859

Ealy Barfield @dds.ga.gov 678.413.8827

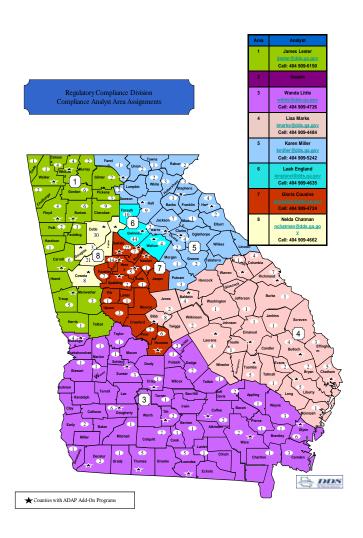
Roy Wilcox rwilcox@dds.ga.gov 678.413.8747 Janice Raiford jraiford@dds.ga.gov 678-413-8746

Erica Johnson ejohnson@dds.ga.gov 678-413-8803

Lucy Thorne Ithorne@dds.ga.gov 678.413.8533

Field Operations Staff





Compliance Analyst Responsibilities

- Conduct Audits of Programs
- Monitor Instructors
- Point of contact for Programs
 - Area 1- North West
 James Lester
 - Area 2 West Central GA Vacant
 - Area 3- South
 Wanda Little
 - Area 4 South East Lisa Marks
 - Area 5 North East
 Karen Miller
 - Area 6 North Metro Leah England
 - Area 7 South Metro
 Gloria Cousins
 - Area 8 North West Metro Nelda Chatman



Mr. Mike Mitchell



- Creates a 4-year certification period for Program Owners.
- Requires persons applying to become a Program owner, director, or instructor that are not U.S. citizens provide documentation that they are legally present in the U.S.
- Modifies minimum educational requirements for instructors to allow schools greater flexibility in selecting employees.
- Creates a 90-day Temporary certification for Program Directors and Instructors.
- Allows for the transition from paper-based reporting to electronic reporting.
- Reduces minimum square footage requirement for classrooms from 400 square feet to 250 square feet.



- Gives Program owners the option of charging a fee for an Assessment transfer, up to a maximum of \$25.00.
- Gives Program owners the option of charging a fee for a replacement certificate of completion, up to a maximum of \$20.00.
- Reduces mandatory minimum office hours requirement from 30 hours per week to 15 hours per week.
- Reduces CEUs for Program directors and instructors.
- Amends provisions related to satellite locations.



- Final adoption by the Board on July 9, 2009.
- Forwarded to Secretary of State's Office, where they will be posted prior to becoming effective.



DUI Assessment Fees and Rebates

- The Assessment fee and the portion thereof that must be remitted to DDS monthly was amended during the 2009 Legislative Session and became effective on July 1, 2009.
- Effective July 1, 2009, the cost of an Assessment increased to \$82. The portion thereof that
 must be remitted to DDS on a monthly basis increased to \$22 per student or offender.
- Assessment Fees and Assessment Rosters should be sent to the attention of:

Attention: Accounting Georgia Department of Driver Services 2206 East View Parkway Conyers, Georgia 30013

- Delete the FACS # from the checks/rosters, and begin using the schools' certification/ID #
- Letters regarding late Assessment fees and/or rosters are sent on the 15th of the month that these items are due.
- If the late Assessment fees and/or rosters are not received by the first day of the following month, administrative fines may be assessed.



Break



New and Improved Certifications

Ms. Kecia Bivins

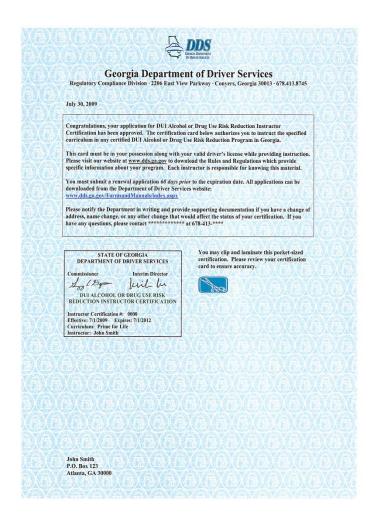
Ask DDS Day

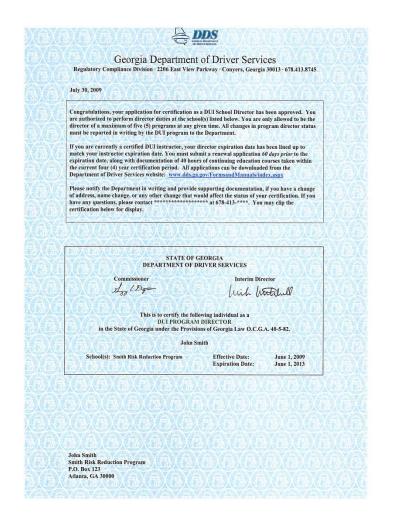


- The Georgia Department of Driver Services (DDS) is the agency statutorily responsible for administering the following programs:
 - DUI Alcohol or Drug Use Risk Reduction Program
 - Ignition Interlock
 - Driver Training
 - Third Party Testing
 - Driver Improvement
 - Alcohol and Drug Awareness Program
 - Limousine Chauffeur Permits



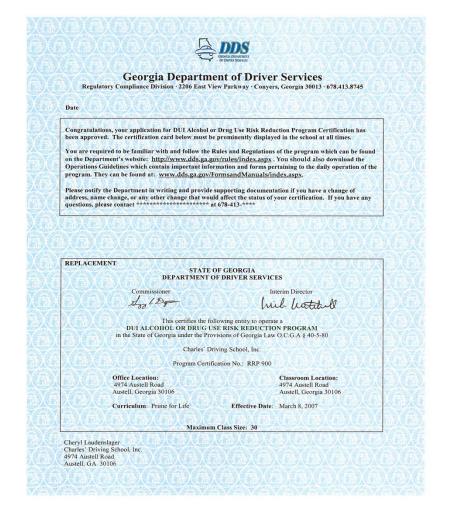
















ALL STREET	Coordie T	lonartm	ant of De	ver Services
				onyers, Georgia 30013 · 678.413.874
July 30, 2009				
Card below indi in the State of G Vehicle Registra as part of your s	cates the vehicle eorgia for the dr tion Cards are v	has been autho iver training so alid for one (1) aining progran	rized to operate thool or school sy year or as indica is contingent up	approved. The Vehicle Registration as a Driver Training School vehicle stem identified below. Ated below. Operation of this vehicle on your compliance with current
The Vehicle Reg	istration Card m	nust be displaye	d conspicuously	inside the vehicle at all times. Pleas Regulations which provide specific instructor is responsible for knowin
Note: Vehicles 1	sed for actual bo	ehind-the-whee	l instruction sha	ll be seven (7) years old or less.
If you have any	questions, please	contact	at 678-41.	3-87
DT00-0001			OF GEORGI OF DRIVER SEF Effective Date Expiration Da	RVICES e: 07/01/2009
This is to cer		JNING SCHO		EGISTRATION
Address: has been regist	123 Mair	Street, Atlanta Ford		0G2ZG57N684200000
to operate:	Year	Make	Model	Vehicle Identification No.
				der the Provisions of Georgia
	WHEREOF: The Department 30			s certification to be issued this 2009
IN WITNESS W	dentification must l	oe visibly displaye	d in the driver train	ning vehicle described above.
AY!	rava			Market Land Harden State
A P		Con	mmissioner, Depa	rtment of Driver Services



New and Improved Applications

Ms. Kecia Bivins





DDS CITICA EQUINATY OF PROSERVINGS		
<u>D</u> 1	iver Training Instructor Che	<u>ecklist</u>
PLEASE READ CARE	FULLY, AS THE APPLICATION HAS BE	EEN RECENTLY REVISED
All applicants must complete all see Submit an application fee of \$5.00, Department of Driver Services Submit an examination fee of \$5.00, Georgia Department of Driver Services Submit an examination fee of \$2.50, Georgia Department of Driver Servi certificate reflecting certification in accepted. If you do not have such ce All applicants must undergo a finger Instructions will be forthcoming afte Submit a 27× 27 photograph taken w Shoulders and an uncovered head. Submit a lab report, from an accredi The lab report for the drug screening Metabolites, Marjiuana Metabolites, Submit a Physical Examination Rep (Form # Rc-DT-Z01) Submit a notarized statement from the school.	in the form of a money order, certified check, in the form of a money order, certified to, in the form of a money order, certified to sees. Neither fee not examination are required to the control of th	k, or cashier's check made payable to Georgia seck, or cashier's check made payable to the edi fi applicant submits a valid Georgia teaching ust be valid; expired certificates will not be quired. d by the Department of Driver Services. Form # RC-900) te photo must be a full view of the face, neck, taken within 30-days of filing the application. substances: Amphetamines, Cocaine ithin 30 days of filing application.
processed, but will be held in a pending in hirty day time frame has elapsed. Appl application is incomplete after thirty day I hereby certify that this application includous. I understand that an incomplete application not being processed and all f	cation fees are non-refundable and non- s. Mes <u>all</u> documents which are required to application or application lacking the nec- ess will be forfeited. SPECIAL NOTICE TO APPLICANT	. Incomplete applications will not be bette applications will be destroyed after the transferable and will be forfeited if the observations of the attached, for the approval as outlined cessary paperwork will result in my
understand that twil be nothled of tra the DDS Headquarters in Conyers every prior to each class.	ining cates and location after my apprea	ation has been accepted. Framing is officed ac- ervations for training classes are required
Printed Name	Legal Signature	Date
Please su	bmit application, fees and all supporting Georgia Department of Driver Servic Attn: Regulatory Compliance Divisio 2206 East View Parkway Conyers, Georgia 30013	es
An application drop box is	also available at the entrance of the Con	nyers Customer Service Center.
RC-DT-200 (07/09)		



<u>Driver</u>	Training Instruc	tor Applica	<u>tion</u>	
SECTION 1: School Information				
1.1 Please indicate, in the space provided bel	ow, the <u>full name</u> of the Drive	r Training School	where you will be	employed.
1.2 Please indicate, in the space provided be	low, the type of application yo	ou are seeking to be	ecome certified.	
☐ New Application ☐ Renewal Applica	tion Additional Applicat	ion Transfer	Application	
SECTION 2: Applicant Informati	ion			
Last Name	First Name	Mid	dle Name	Suffix
Date of Birth	Driver's License #	State	e	Social Security #
Home Address	City	State	County	Zip Code
Mailing Address Same as above	City	State	County	Zip Code
Home Phone Number	Cell Phone Number		Work Phone Nu	umber
Email address Note: Unless the box is checked, a L1 Have you been fingerprinted within Improvement)? Yes No L1.1 If you answered "Yes" to a fingerprinted for and date(Il correspondence will be em the past six (6) months for uestion 2.1, please indicate	ailed.		
Program(s)			Date(s)	
2.2 Are you currently, or have you ever been Yes No	certified as a Driver Training	School Owner or	Instructor in the St	tate of Georgia?
2.2.1 If you answered "Yes" to question	2.2, please list your certificati	on number:		
	n certified by the Department wareness (ADAP) owner, instr	of Driver Services ructor, or operator?	, as a driver impro	ovement, risk reduction,
2.3 Are you currently, or have you ever bee ignition interlock, or alcohol and drug as Yes No				



	3: Applicant Qualifications	
3.1 Are you a Ur	nited States citizen? No	
3.1.1	If you answered "No" to question 3.1, are you legally p \square Yes \square No	present in the United States?
NOTE: Accepta	able proof of citizenship or lawful presence may be requ	vired.
3.2 Are you curn	ently employed with the Georgia Department of Driver S No	Services?
	a spouse, dependent child, dependent stepchild, or dependent ment of Driver Services? No	ndent adopted child that is currently employed with the
SECTION	4: Criminal History	
4.1 Have you ev	er been convicted of or plead guilty or nolo contendere to No	o any crime which constitutes a felony?
4.3.11	en convicted of or plead guilty or nolo contendere to any	y misdemeanor involving fraud, dishonesty, or deceit within
	year period preceding the date of this application?	
the ten (10) Yes 4.3 Have you be	year period preceding the date of this application? No en convicted of or plead guilty or nolo contendere to any tive (5) year period preceding the date of this application?	y other misdemeanor, including Driving Under the Influence,
the ten (10) Yes 4.3 Have you be within the fi Yes	year period preceding the date of this application? No en convicted of or plead guilty or nolo contendere to any ive (5) year period preceding the date of this application? No ently on probation for any criminal offense in this or any	7
the ten (10) Yes 4.3 Have you be within the fi Yes Yes Yes Yes	year period preceding the date of this application? No en convicted of or plead guilty or nolo contendere to any ive (5) year period preceding the date of this application? No ently on probation for any criminal offense in this or any	? v other state?
the ten (10) Yes 4.3 Have you be within the fi Yes Yes Yes Yes	year period preceding the date of this application? No Polymer convicted of or plead guilty or nolo contendere to any tive (5) year period preceding the date of this application? No rently on probation for any criminal offense in this or any No	? v other state?
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offense offense Thave you receiv	State and Cour State and Cour State and Cour		Date	Disposition Disposition
offense		ity D	Date	Disposition
.7 Have you receiv	State and Cour			
4.7.1 If you an		y of the offenses listed in estion 4.7, please attach c		Disposition
-		list your current and prev	ious driver's license informatic	on. Years Licensed in State
Driver's	License Number	State	Expiration Date	Years Licensed in State
Yes N	o ending cancellation		lled, suspended, or revoked in t	this state or any other jurisdiction?
☐ Yes ☐ N 5.5.1 If ye	lo	to question 5.5, please	oked within the past five (5) year list the State(s) that revoked	ars?
State	ense und the reason	Reason	Mo	nth/Year



Offense	State and County	Date	Disposition
Offense	State and County	Date	Disposition
Offense	State and County	Date	Disposition
Offense	State and County	Date	Disposition
5.7 Are there any	traffic charges currently pendi	ng against you?	
		5.7., provide the nature of the char	rges below.
Charge		State and County	Date
		State and County	Date
SECTION OF Under penalty of I will refrain from I will maintain al	n abusing alcohol or other drug l reports and information as spe	n that all the information that I have, s, or from using illegal drugs.	re provided herein is complete and accurate.
Under penalty of I will refrain fron I will maintain al I hereby authoriz I understand that will be valid for t I understand that	law, I do hereby swear or affin n abusing alcohol or other drug I reports and information as spe e the release to DDS of any inf this information will be used the purpose of obtaining reques to knowingly make a false st	n that all the information that I have, or from using illegal drugs. The critical in the rules and regulations. The community of the determination necessary for the determination for the purpose of processing the dinformation.	re provided herein is complete and accurate. Ination of my application for instructor certification. In any application. Photocopies of this authorization of the third application will result in the denial of my
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Consent for Background

Regulatory Complia	Georgia Department of D ince Division, 2206 East \		nyers, GA 30013
CONSE	NT FOR BACKGROU		
OFFICE USE ONLY FILE NUMBER:	OFFICE USE ONLY DATE APPLICATION RECEIVED:	OFFICE USE ONI BACKGROUN DRIVER'S HIST	LY OFFICE USE ONLY
OFFICE USE ONLY		CRIMINAL HIST	
	APPLICANT TYPE: (OFFICE	USE ONLY)	
☐ DUI Risk Reduction	□ Owner	□ Director	☐ Instructor
□ Driver Improvement	□ Owner	□ Instructor	
☐ Driver Training	□ Owner	□ Instructor	
☐ Third Party	□ Tester	☐ Examiner	
☐ Ignition Interlock	☐ Owner/Operator		
□ Chauffeur			
ast Name	First Name	Middle	Date of Birth (MM/DD/YYYY)
			/ /
Driver's License Number (Include ALL zeros)	Issue date (Exam date)	State	Social Security Number
Current Street Address		City and State	Zip Code
Oo you hold any other driver's license(s)?	If so, list state(s) and license number(s)		Phone Number
			Phone Number
Company			Thorse Homber
Address		City and State	Zip Code
Have you been convicted of, plead guilty to, p whether felony or misdemeanor, in this state,	lead noto contendere to, served time, or	been on probation or parole	for any crime
Do you have a charge(s) or court hearing pen			□ Yes □ No
f you are now charged, under indictment, or h			
Tyou are now charged, under indicurient, or i	lave count hearings pending for any one	ges, give details below.	
I hereby apply for Certification(s) to (DDS). I understand that my crimina the DDS to conduct whatever investifalse, misleading, or incomplete in cancellation, suspension, or revocat do hereby swear or affirm that the therewith, are complete, true and cor	I history, driver's history, and le gations necessary to determine i ormation in my application or ion, as well as possible criminal information contained within thi	gal presence will be che ny eligibility to hold suc on this Consent Form prosecution and civil ac	ecked. I hereby give consent for ch a certificate. I understand that may result in certificate denial, ction. Under penalty of perjury, I
Signature	THIS CONSENT FORM MUST	BE NOTARIZED	Date
Subscribed to and sworn before me			SEAL OR STAMP
			-
Notary Signature	Date		
Notary Signature My commission expires:	Date		



Ignition Interlock

Ms. Kecia Bivins





Interlock Provider:Certification #	
Address:	
Phone #:	
Contact Name:	
Date of Report:	
Customer Name:	Driver's License #:
Date of Birth:	Home Phone:
Address 1:	Work/Cell Phone:
Address 2:	
The following violation(s) has occurred: The offender has tampered with t The offender failed to report for r Note: Results of monitoring (i.e. positive violations and need not be reported to the	monitoring. e readings for alcohol) are not considered
The offender has tampered with t The offender failed to report for r Note: Results of monitoring (i.e. positive	nonitoring. e readings for alcohol) are not considered e Department of Driver Services.
The offender has tampered with t The offender failed to report for I Note: Results of monitoring (i.e. positive violations and need not be reported to th Additional Comments:	nonitoring. e readings for alcohol) are not considered e Department of Driver Services.
The offender has tampered with t The offender failed to report for r Note: Results of monitoring (i.e. positive violations and need not be reported to th Additional Comments: Signature of Provider Official	nonitoring. e readings for alcohol) are not considered e Department of Driver Services. Date
The offender has tampered with t The offender failed to report for I Note: Results of monitoring (i.e. positive violations and need not be reported to th Additional Comments:	nonitoring. e readings for alcohol) are not considered e Department of Driver Services. Date Date 5) days of discovery. O.C.G.A. §42-8-
The offender has tampered with t The offender failed to report for I Note: Results of monitoring (i.e. positive violations and need not be reported to th Additional Comments: Signature of Provider Official Violations must be reported within five (6)	nonitoring. e readings for alcohol) are not considered e Department of Driver Services. Date Date 5) days of discovery. O.C.G.A. §42-8-
The offender has tampered with t The offender failed to report for r Note: Results of monitoring (i.e. positive violations and need not be reported to th Additional Comments: Signature of Provider Official Violations must be reported within five (see 112(c)). You may send this report via main to the service of the ser	nonitoring. e readings for alcohol) are not considered e Department of Driver Services. Date 5) days of discovery. O.C.G.A. §42-8- il, fax, or email. By Fax: Lynne Swaney
The offender has tampered with t The offender failed to report for I Note: Results of monitoring (i.e. positive violations and need not be reported to th Additional Comments: Signature of Provider Official Violations must be reported within five (in the state of	monitoring. e readings for alcohol) are not considered e Department of Driver Services. Date 5) days of discovery. O.C.G.A. §42-8- il, fax, or email. By Fax:
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The offender has tampered with t The offender failed to report for r Note: Results of monitoring (i.e. positive violations and need not be reported to th Additional Comments: Signature of Provider Official Violations must be reported within five (and the comment of the comm	nonitoring. e readings for alcohol) are not considered e Department of Driver Services. Date 5) days of discovery. O.C.G.A. §42-8- il, fax, or email. By Fax: Lynne Swaney



DDS Training

Ms. Kecia Bivins



DDS Training and Continuing Ed

- Third Party Testing Training
 - September 21st
- Driver Training Instructor Training
 - 2nd and 4th Thursdays
- Ask DDS Day
 - August
- DUI New Instructor /Continuing Ed Training:
 - April
 - December



DDS Happenings

Mr. Mike Mitchell



Applicant Fingerprinting

- Effective January 1, 2009, the Georgia Bureau of Investigation no longer accepts or processes inked fingerprints (cards) for non-criminal justice applicant background investigations.
- Applicants that are interested in becoming a program owner, director, instructor, or third-party tester must submit fingerprints electronically.
- DDS is currently utilizing the Georgia Applicant Processing System (GAPS): http://www.ga.cogentid.com/index.htm
- Information related to the GAPS process is posted on the DDS website, <u>www.dds.ga.gov</u>, and on RCD applications.
- Effective July 1, 2009, GAPS fee for a Georgia only search increased to \$33.65. The GAPS fee for a Georgia and FBI search increased to \$52.90.



DDS Lockbox for Mail-in Reinstatements

 Please be advised that Customers that desire to reinstate their driver's license by mail should mail their reinstatement materials and fee to the following address:

Georgia Department of Driver Services P.O. Box 80447 Conyers, Georgia 30013

 The following address, which is listed on some DUI and DDC certificates of completion, is no longer used for mail-in reinstatements:

P.O. Box 105182 Atlanta, GA 30348



Lunch



Risk Based Auditing

Ms. Jodie McLeod





- Effective July 1, 2009
- All Risk Reduction, Driver Improvement, Driver Training, and Ignition Interlock programs will be audited annually.
- All Third-party Testing Programs will be audited once per quarter

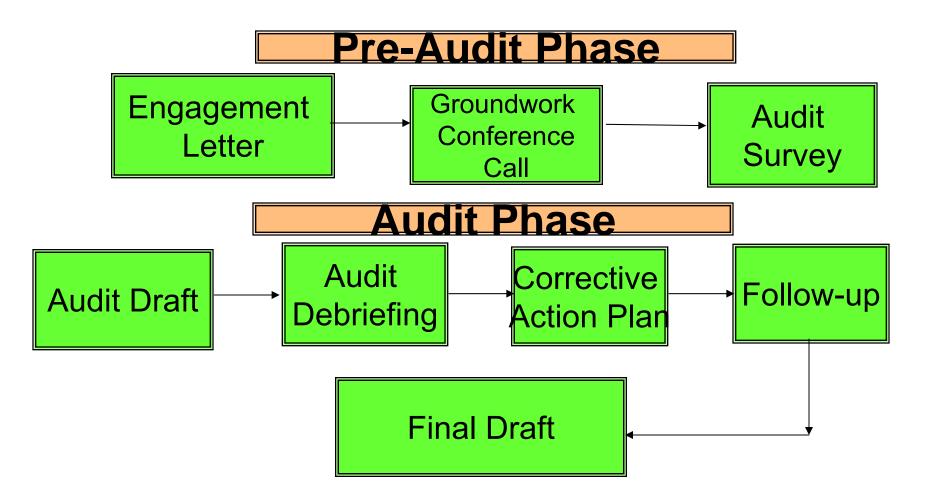




- Each annual audit will serve as a baseline in determining the following:
 - Whether follow-up audits are necessary prior to the next annual audit; and,
 - If follow-up audits are necessary, when/how often the followup audits should occur.
- Each finding will tied to an existing statute or administrative rule and categorized according to severity
 - Findings are categorized according to "Risk" into 3 categories: Category 1, 2, or 3.
 - Findings that can be resolved while the Compliance Analyst is onsite will be documented, but will not require a corrective action plan or follow-up audit.



Risk Based Auditing Process





Audit Categories

Category	Frequency of Follow- up Audits	Follow-up Schedule
1	30 days after implementation of the corrective action plan	Every 30 days until findings are corrected
2	3 months after implementation of the corrective action plan	Every 3 months until findings are corrected
3	6 months after the implementation of the corrective action plan	Every 6 months until findings are corrected





		Regulated Program Compl	_		
Analyst :			Audit Date:		
Program Name:				Certification Number:	
Program Email Address:			Web Site Address: Name of		
Business Hours:			Owner/Director:	1	
PROGRAM		AUDIT SCORE Audit Category		Next Schedule	d Audit
					Were there new deficiencies found?
Follow Up Audit:	nave the or	efficiencies noted during original au			deliciencies round?
Audit Period:		COMPLIANCE AUDIT INFOR	MATION:	Date of Last Audit:	
otal Students since Last Audit		Number of Records reviewed	during current audit		
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Replacement Certificates on Hand:	STATE OF THE PARTY.				
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	0	×	0	0	0
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	0	×	0	0	Books at
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Required Equipment on Site for conducting class:		Customer ready:		Curriculum Used:	onsite
Comment				Charles Committee Committee Committee	0.000
s:				Version:	Print Dat
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from Provider: Rebate Fees Paid and Current:		Total Curriculum Workbooks In	stock:	Total Transfers coming	from another location:
Repate Fees Paid and Current:					
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		Program Compliant			
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Program Corrective Action Plan



Regulatory Compliance Division GEORGIA DEPARTMENT OF DRIVER SERVICES Program Corrective Action Plan						
HowTimeHow	A Corrective Action Plan must identify: How compliance with each rule violation will be achieved Timeframe for completion/implementation of correction of each violation How continued compliance will be maintained once achieved Must be dated and signed by the licensed Owner or, the Risk Reduction Program Director					
Program Name	Certification number # County					
Check one only:	□ DUI Alcohol/Drug Risk Reduction □Defensive Driving □Driver Training □ Third Party Testing					
Rule #	Description of violation:					
Describe how Correct	Ive Action will be achieved:					
Describe how continu	ed compliance will be maintained:					
D-1-1						
Date Implemented:						
Signature of licensed	Program Owner or Risk Reduction Program Director only: Date:					
	Form will not be accepted without an official, original signature. Program will be notified of acceptance or denial of Corrective Action Plan					
Please use provided supplemental sheet for any additional violations needing corrective action.						
rograms must send this form within fifteen (15) days of notification of the Departments request for orrective Action Plan to:						
Analyst Name Regulatory Compliance Division • Analyst Mailing Address • City, State Zip Office • 999,999,999 Cell • 999,999,999 Fax • 999,999,999 Email • Analyst@dds.ga.gov						





	220					er Services Conyers, GA 30013	DDS Graus Benefician Grapers Sensor
		Progr			Account	ting Form	
Report Month:		Year:					
Program Name: Address:							Program #:
City, State, Zip Code							
Telephone							
Number:		Ema	il Ad	dress (If av	ailable)		
				Report Pe	eriod Data		
	onducted during rep ancelled during repo						
Scheduled Date of C		nt period.			Reasor	n for cancellation:	
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Signature of Person	Completing Form:						Date:
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Legislative Update

Mrs. Jennifer Ammons

2009 Legislation





 Copies of all bills are available on the General Assembly's website:

www.legis.state.ga.us

House Bill 2



- Requires all public employers to verify employment eligibility of all new employees.
 Employers will be required to post their user ID's on their websites.
- Contractors providing physical performance of services for the state must also verify employment eligibility of all new employees and subcontractors.



- Jails must determine nationality of anyone confined (in accordance with Vienna Convention).
- All governmental entities must verify the lawful presence of any applicant for public benefits.
- Effective January 1, 2010.

House Bill 71



- Amends O.C.G.A. §16-9-4 to provide that it is not a defense to a charge of manufacturing, possessing, etc. false identity documents if the card states that it is a novelty or other words indicating that the card is not a legitimate form of identification.
- Effective October 1, 2009.

House Bill 160



- Governor's "Super-Speeder" Bill to raise funds to support trauma care
- Increases reinstatement fees for many suspensions, including the following:

Under 16 DUI and drug offenses	O.C.G.A. §40-5-22.1	1 st : \$210.00 2 nd +: \$310.00
License restriction violations	O.C.G.A. §40-5-30	From \$0.00 to \$210.00
Failure to appear	O.C.G.A. §40-5-56	From \$35.00 to \$100.00



Suspension fee increases (cont'd):

TAADRA	O.C.G.A. §40-5-57.1	1st: \$210.00
		2 nd +: \$310.00
HV revocations	O.C.G.A. §40-5-58	\$410.00
Insurance convictions	O.C.G.A. §40-5-70	1 st : \$210.00
		2 nd +: \$310.00
VGCSA convictions	O.C.G.A. §40-5-75	1 st : \$210.00
		2 nd : \$310.00
		3 rd : \$410.00



Suspension fee increases (cont'd):

2nd Mandatory and 2 nd /3 rd Points	O.C.G.A. §40-5-84	1 st : \$210.00 2 nd : \$310.00 3 rd : \$410.00
Driving on suspended license	O.C.G.A. §40-5-121	1 st : \$210.00 2 nd : \$310.00 3 rd : \$410.00





- Language was added to O.C.G.A. §40-6-187 to require that all speeding charges must indicate if the offense occurred on a two-lane road.
- DDS will be making additional changes to the UTC to accommodate this requirement.



- The bill also enacted a new code section,
 O.C.G.A. §40-6-189 that imposes the "Super-Speeder" penalties, which include the following:
 - DDS must impose a fee of \$200.00 on any driver who is convicted of driving at a speed of 85 miles per hour or more on any road or highway or 75 miles per hour or more on any two-lane road or highway, as defined in Code Section 40-6-187.



- Failure to pay the Super-Speeder fee within 90 days after receipt of the notice will result in the suspension of the person's driver's license or driving privileges.
- Reinstatement will be of indefinite duration until the person pays the Super-Speeder fee and a reinstatement fee of \$50.00.



- The reinstatement fee increases go into effect on July 1, 2009.
- The Super-Speeder fee goes into effect on January 1, 2010.

House Bill 245



- Amends O.C.G.A. §15-11-66(b) to modify the maximum number of days that a juvenile court can order a child to be held in a YDC upon an adjudication of delinquency.
- This bill was effective upon the Governor's signature on April 21, 2009.

House Bill 549



- Amends O.C.G.A. §21-2-231 to require Superior Court Clerks to submit monthly lists to Secretary of State identifying jurors who appear for service but deny United States citizenship.
- Effective January 1, 2010.

House Bill 549 (cont'd)



- Also amends O.C.G.A. §40-5-2 to allow DDS to expand the amount of data provided to counties and AOC for creating jury lists.
- This bill was effective upon the Governor's signature on April 30, 2009.

Senate Bill 44



- Directs governmental entities to give preference to materials made in Georgia whenever making procurement decisions, though geographic preference should not outweigh decisions relative to quality.
- Particularly applies to contracts exceeding \$100,000.00
- Effective July 1, 2009.

Senate Bill 86



- Requires proof of citizenship along with an application to register to vote
- Acceptable documents include the following:
 - Driver's license or identification card
 - Birth certificate
 - United States passport
 - Naturalization documents
 - Other immigration documents



- Acceptable documents (cont'd):
 - Bureau of Indian Affairs card
 - Other documents approved by the State Elections Board
- Effective January 1, 2010.

Senate Bill 196



 Section 1 amends O.C.G.A. §40-5-20 to clarify that anyone convicted of driving without a license (DWOL) in violation of O.C.G.A. §40-5-20(a) should be punished according to O.C.G.A. §40-5-121 (driving with a suspended license).





- Section 1 creates an affirmative defense for DWOL if the person brings a valid driver's license to court.
- A last minute amendment from the Senate changed the language to provide that the license need not have been valid at the time of the incident in order for the defendant to be eligible for this defense.



Section 2 creates a new Code Section, §40-5-57.3, that will suspend a defendant's driver's license for a period of thirty (30) days if he or she is convicted of a second or subsequent violation of O.C.G.A. §40-6-77 within five (5) years.



 Section 3 amends O.C.G.A. §40-5-121 to delete the verbiage that creates an affirmative defense to DWSL if the defendant appears in court with a valid driver's license.



 Section 4 amends O.C.G.A. §40-6-77 to amend the definition of serious injury in the context of injuries resulting from collisions that occur when a motorist fails to yield the right of way to a motorcyclist, bicyclist, pedestrian, or farmer operating any vehicle used to transport agricultural products, livestock, farm machinery, or farm supplies.



 Section 5 amends O.C.G.A. §40-6-96 to prohibit pedestrians from walking in the roadway if a sidewalk is provided unless there is not a vehicle within 1000 feet of the pedestrian or the sidewalk is too dangerous to use.



- Section 6 amends O.C.G.A. §40-5-83 to increase the assessment fee for DUI Drug or Alcohol Use Risk Reduction Programs from \$75.00 to \$82.00.
- Requested by DHR to offset additional expenses resulting from the drastic increase in clinical evaluations/treatment following the enactment of HB-336 (2008).



- Section 7 amends O.C.G.A. §40-6-144 to allow local governments the authority to authorize children age twelve (12) and younger to ride their bicycles on the sidewalk.
- Effective July 1, 2009.

Senate Bill 199



- Amends O.C.G.A. §§15-9-1.1 and 15-10-137 to allow the Probate Judges Council and the Magistrate Courts Training Council the option of suspending training for calendar years 2009 and 2010.
- If training is suspended, judges who receive training will get credit for such training in 2010 or 2011.
- Effective upon Governor's signature on May 4, 2009.

Senate Bill 211



- Exempts office supplies from DOAS purchasing requirements.
- Excludes office equipment or furniture, such as computers, shelves pers, chairs, copy machines, or simila
- Effective upon Gove hor's signature.

Questions?





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 P.O. Box 80447
 Conyers, Georgia 30013

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Fax: (678) 413-8773

jammons@dds.ga.gov

www.dds.ga.gov



SAFFEDLMr. Ray Higgins



Questions

